

Allen County Infant Mortality
Community Action Network

Understanding Medication Use During Pregnancy



SUMMARY REPORT - DECEMBER 2023

Table of Contents

<i>Executive Summary</i>	<u>3</u>
<i>Introduction & Process</i>	<u>5</u>
<i>Results: Survey</i>	<u>7</u>
<i>Results: Interviews & Focus Groups</i>	<u>14</u>
<i>Insights & Recommendations</i>	<u>17</u>
<i>Appendix A - Survey Questions</i>	<u>19</u>
<i>Appendix B - Interview Guide</i>	<u>23</u>
<i>Acknowledgments</i>	<u>26</u>

Executive Summary

The Infant Mortality Community Action Network (ICAN) embarked on a comprehensive Community Health Needs Assessment (CHNA) to delve into the experiences of pregnant and postpartum women concerning safe medication use during pregnancy. A survey, interviews, and focus groups aimed to gather valuable information about the medications they are taking during pregnancy, the challenges they face in adhering to prescribed regimens, the specific barriers they encounter, and the influence of familial and social messages on their safe medication usage.

A survey was distributed across Allen County and received over 250 responses. Results were analyzed to identify areas for deeper understanding and became the focus of conversations with 26 women who participated in interviews and focus groups. Insights include:

- Less than half of respondents understand what their prescribed medications are for or why they were prescribed them.
- While most respondents feel comfortable asking their healthcare provider questions, a large majority reported not knowing what questions to ask, believing their provider did not have enough time to answer their questions, and in general, a fear of asking their provider questions.



- Communication emerged as pivotal in patient-provider relationships, with listening, questioning, and clear responses ranking highest. Despite trust issues and fear, women desire open dialogue and rank effective communication as crucial for mutual respect.
- Over half of the respondents believe anything prescribed by their OBGYN or CNM is safe to take during pregnancy. However, concerningly, 20% also believe marijuana is safe to use during pregnancy.
- Medications are discontinued primarily due to stigma, cost, perceived lack of necessity, and fear of harming the baby. To dispel confusion, women favor educational interventions in written/graphical formats, online forums, and follow-up appointments.
- Feeling respected and heard was key to building a trusted provider-patient relationship and emerged as key to safe medication use. Respondents ranked the following in order of importance:
 1. They take time to listen.
 2. They ask me questions.
 3. They answer my questions.
 4. They use words I can understand without talking down to me.
 5. They use my name correctly.
 6. They look me in the eye.
 7. They help me understand.



This report underscores the imperative for enhanced communication and targeted educational interventions to bridge the gap between healthcare providers and pregnant women, fostering a trusted partnership for maternal and fetal well-being. Providers are urged to optimize maternal-fetal safety by dedicating time to listening, respecting patients' lifestyles, providing information, and ensuring understanding of all prescribed medications and other substances.

Disclaimer: This report contains findings based on voluntary participation in surveys conducted in September-October 2023. Participants willingly provided their responses, and the data is presented with the understanding that it reflects the perspectives of those who chose to engage.

Introduction & Process

To address rising rates of infant and maternal mortality, Healthier Moms and Babies convened community partners to relaunch the Allen County Infant Mortality Community Action Network (ICAN) in June 2023. The network, made up of community health care providers, social service agencies, and funders, are working together to share and act upon the crucial information in the “[2023 Allen County Infant Mortality Report](#).”

Key takeaways from the report indicate that pregnant and postpartum women struggle with mental health, neglect their regular health care, misunderstand best practices, and encounter economic struggles, all of which affect outcomes related to healthy pregnancies, deliveries, and newborns. Network project teams formed to develop and implement collective strategies related to the goals outlined in the report. Working together as a community network, the objective is to uplift our most vulnerable families, helping moms and babies thrive.

This report summarizes the work of one network project team, focused on ensuring safe medication use by pregnant women and stemming from this opportunity: *“Imagine that women are empowered with the knowledge and support to make informed decisions regarding medication use throughout their pregnancies. What does that look like?”*

To gain a better understanding of their experiences, input was sought directly from pregnant and postpartum women, actively listening to their insights to learn more about the medications they are taking during pregnancy, the challenges they face in adhering to prescribed regimens, the specific barriers they encounter, and the influence of familial and social messages on their safe medication usage.



With this knowledge, we can better equip women with the necessary information and resources for safe medication use during pregnancy and postpartum. By tailoring our approach to their specific needs, we aim to empower women with the tools they require to make informed decisions regarding their health.

Process

Our approach involved collecting input through a survey, interviews, and focus groups during the period of September – October 2023. Input included the following:

- **Survey:** A community health needs assessment (CHNA) of women’s needs related to prescription medication use during and after pregnancy was conducted. The results include 254 responses from women and reveal the mindsets, barriers, and other inhibitors towards safe medication use. See *Appendix A for survey questions*.
- **Interviews:** Results from the survey highlighted key issues to understand further, specifically those related to patient-provider relationships and communication, information sources, and marijuana use. See *Appendix B for the Interview Guide*.
- **Focus Groups:** Focus Groups allowed for broader discussion with a group of women and to allow for an exchange of ideas and diverse perspectives. The same *Interview Guide* was used for this process.

The following pages summarize findings and recommendations.



Results: Survey

A survey was shared with thirty-two (32) professionals serving prenatal and postnatal women in Allen County. These 32 professionals sent the Survey Monkey link out to their clients and patients via email, text, and by sharing a QR code via a flyer in their office.

The survey was completed by:

- 254 prenatal and postnatal women from under 18 years old (1 participant) to 45+ years of age (253 participants).
- Participant demographics included 69.69% Caucasian, 16.54% Black or African American, 4.33% Hispanic, 3.94% American Indian, 3.94% Asian/Pacific Islander, and Multiple Ethnicities (1.57%).
- The majority of participants held a 2-year college degree or higher (55.52%), with the remainder having some college (26.77%), a high school diploma or GED (13.78%), or some high school, but no diploma (3.94%).



When asked about comfort level with health care providers, the following was shared from the survey:

- How comfortable do you feel about asking your provider questions about your health or diagnosis:
 - » The majority (85.43%) felt comfortable asking their provider questions with a moderate amount of comfort (32.28%), a lot of comfort (46.46%), and very comfortable (6.69%), while 14.56% felt a little comfortable (12.20%), and 2.36% not at all comfortable asking questions.

When asked if the prenatal or postnatal women felt they had enough information about their health diagnosis to know what questions to ask of their provider, survey respondents shared the following:

- 20.25% said they did not know what questions to ask.
- 28.11% said they don't have enough time to ask their provider questions.
- 32.72% said they felt their provider did not care about their questions.
- 12.90% said they were afraid to ask their provider questions.
- 3.93% said they know what questions to ask and feel comfortable asking.
- One (1) respondent said they do ask questions, but feel the provider gets an attitude with them when they ask questions.

Respondents were asked to provide information related to their prescription medication usage and shared the following:

- 31.17% knew what their prescription medication was for.
- 48.46% knew why they were taking the prescription medication prescribed to them.
- 58.87% knew how to take their prescription medications correctly.
- 45.45% reported taking their prescription medication as directed.
- 7.36% reported they do not take their prescription medications.
- 4.76% stated they were not prescribed any medications.



When rating whether their provider answers their questions in a way that can be easily understood, respondents reported the following:

- 18.57% - disagreed (13.08%) and 5.49% strongly disagreed.
- 54.43% - agreed (36.29%) or strongly agreed (18.14%)
- 27% neither agreed nor disagreed.

When asked what medications were safe to use during pregnancy, respondents reported the following were safe to use during pregnancy:

- Alcohol with 4.42%
- Anything prescribed by a doctor with 17.67%
- Anything prescribed by an OBGYN or CNM with 55.02%
- Marijuana with 20.08%
- Most over the counter medications with 18.07%
- Natural supplements with 18.07%
- 4.42% shared the following on other:
 - » The ones family MD/OBGYN/MD say are safe after review to continue to take while pregnant only.
 - » Some of these, depending on what the MD/Midwife says, are safe.
 - » Some natural supplements and over the counter medications, but I always check with my OBGYN first.
 - » My midwife office provides a list of over the counters that are safe. I do not believe any illicit substances, marijuana included, to be safe during pregnancy. Alcohol is not safe. And prescribed medications will be taken only after a risk benefit analysis is completed.
 - » Most things prescribed by a doctor.
 - » Lots of over-the-counter meds, would hope all things prescribed by a doctor/OB/CNM (assuming “safe” means no side effects) - have definitely found doctors (including OBGYNs) and CNMs prescribing something that could be considered “unsafe”.
 - » It depends.
 - » I prefer to avoid medications unless absolutely necessary.
 - » Anything my doctor tells me will have no significant risk to my unborn child.



Survey participants were also asked to rank by importance, how their health care provider can show they respect the prenatal/postnatal woman. The following provides an overview of the findings from respondents:

1. They take time to listen.
2. They ask me questions.
3. They answer my questions.
4. They use words I can understand without talking down to me.
5. They use my name correctly.
6. They look me in the eye.
7. They help me understand.

When asked if they stopped taking prescription medications during pregnancy without asking a doctor first, respondents shared the following:

- 35.74% stated yes.
- 64.36% stated no.

If respondents stated yes, they stopped taking prescription medications without asking their doctor first, the following provides an overview of why they stopped taking their medications:

- 6.67% thought they should.
- 24.44% didn't want anyone to know they were taking medications.
- 31.11% thought they did not need the medications during pregnancy.
- 12.22% could not afford to get their medications.
- 20% had fear of hurting their baby.
- 1.11% said they were confused.
- 0% reported someone told them to stop.
- 4.44% reported other:
 - » Didn't have medications.



- » Knew they should stop taking them.
- » Was on blood pressure medications and had very low readings at home with dizziness, etc. The provider used an electronic blood pressure cuff only in the office and argued that the medication was needed.

When asked if someone told the prenatal/postnatal women it was not safe to take prescription medications during pregnancy, the women overall reported their doctor had told them to stop taking their medications:



- 100% of their doctors told them it was not safe to take prescription medications during pregnancy.

When asked if after pregnancy the prenatal/postnatal women continued their medications, respondents shared the following:

- 57.89% stated yes, they continued taking their prescription medications.
- 34.41% stated no, they did not continue to take their prescription medications.
- 7.69% were still pregnant at the time of the survey.

The prenatal and postnatal women were asked what educational format they would prefer to receive information related to medication usage during pregnancy, respondents shared the following about their preference:

- 12% indicated they preferred short 1-2 minute video format.
- 39.56% preferred handouts to keep and hang onto.
- 22.67% preferred social media posts and graphics.
- 8.44% preferred text messaging.
- 16.89% preferred all the above.
- .44% preferred the medication label on their bottle.

When asked to choose an intervention to help the prenatal/postnatal women with medication usage during pregnancy, respondents reported the following:

- 32% indicated someone who can explain medication usage to them would be preferred.
- 32.89% indicated an online forum where questions could be asked was preferred.
- 14.22% stated a group meeting locally to ask questions was preferred.
- 19.11% stated all the above would be helpful.

- 1.78% indicated they had been on medications their entire life and did not feel they needed additional support and a second indicated a discussion with their MD would be preferred.

When asked to choose a treatment to help with medication during pregnancy, the following interventions were preferred:

- 36.61% indicated a follow-up appointment with their MD.
- 26.34% stated an online forum to ask treatment related questions.
- 14.73% indicated a group to discuss treatment experiences would be preferred.
- 21.88% preferred all of the above.

To conclude the survey, respondents were asked if they would be willing to participate in a focus group.

- 37.55% responded yes.
- 62.03% responded no.

Discussion of Survey Results

The majority of respondents were Caucasian women with a college degree. Just over 85% of respondents felt comfortable asking their health care provider questions, yet when asked why they don't ask their provider questions 93.98% of respondents reported not knowing what questions to ask, their provider not having enough time to answer their questions, and in general fear of asking their provider questions. Less than half of respondents understand what their prescribed medications are for or why they were prescribed them.



Alarmingly, when asked what medications were safe to take during pregnancy, 20% indicated marijuana was safe to take and 55% reported anything prescribed by their OBGYN or CNM was safe to take during pregnancy. There was no indication women felt autonomous from making decisions related to prescription medications. Health care providers are given utmost trust with prenatal and postnatal patients, despite women reporting they do not feel as though their provider has time for them and they are fearful of asking questions of their health care provider.

Further, women were asked to rank how their healthcare provider can show them respect and women put the following in order to indicate effective communication is key to provider and patient relationship:

1. They take time to listen.
2. They ask me questions.
3. They answer my questions.
4. They use words I can understand without talking down to me.
5. They use my name correctly.
6. They look me in the eye.
7. They help me understand.



These effective communication skills not only show women the provider respects them but allows the provider to develop a trusted relationship with their patient. This trusted relationship would allow an open dialogue with patients and providers and would aid in eliminating the confusion related to taking prescription medications during pregnancy.

Overall, women reported they stopped taking medications because they thought they should, they did not want anyone to know they were taking medications, they thought they did not need medications during pregnancy, they could not afford their medications, and 20% felt they were going to hurt their baby by taking the medications. This confusion could have been eliminated with a trusted conversation between a provider and patient.

To aid in reducing confusion, women reported they would prefer educational interventions in handout format along with social media posts and graphics. Given the educational level of the survey respondents, this aligns with their academic capacity to receive information in a written and graphically pleasing format. Additionally, women reported desiring an online forum to ask questions related to prescription medication usage during pregnancy and a follow-up appointment with their MD to discuss treatment options during pregnancy.

Survey respondents were incentivized to complete the survey with a chance to win a \$50 Visa gift card.

Results: Interviews & Focus Groups

Interviews and Focus Groups were conducted to gain further insight into survey results. Areas explored for deeper understanding included: relationships with medical providers, communication and trust with medical professionals, medication usage, and substance use including marijuana.

Twenty-six women were interviewed with the following demographic breakdown:

Multiracial 9%
Caucasian 19%
African American 48%
White 19%
Asian 5%

18-19 years old - 5%
20-22 years old – 45%
23 - 25 years old – 5%
26 - 29 Years Old – 25%
30 - 33 years old – 20%

High School Incomplete – 18%
Through 11th with GED started – 9%
12th grade - high school graduate – 9%
High School Graduate - 46%
High School Grad, pursuing Higher Ed – 18%



Summaries of interviews and group responses are provided below for each focus area.

Relationship with Medical Providers

Respondents consistently expressed a desire for doctors to prioritize personal connection and effective communication. They value eye contact as a sign of genuine concern and appreciate clear, caring explanations. The ideal doctor, according to respondents, listens attentively, follows through on concerns, asks relevant questions, and adds a personal touch

through greetings and inquiries about the patient’s day. Feeling heard involves doctors showing interest, providing resources, and maintaining consistent eye contact as its absence diminishes the sense of being taken seriously.

Respondents shared how they distinguish between healthcare professionals based on roles, interactions, and attire. Front desk staff assist and greet patients, while nurses, identified by their outgoing nature, follow up with vitals. Nurses wear scrubs, and doctors, recognized by regular clothing or a distinctive coat, interact positively with a more outgoing demeanor. Recognition factors include the introduction, uniform, and positive interaction.

Experiences with doctors varied. Some felt unsafe due to their perceived arrogance or dismissive treatment, while others reported positive encounters with doctors who fostered a sense of safety through personal relationships, open communication, and addressing concerns. Factors contributing to safety included procedure explanations, acknowledging patients, and demonstrating genuine care. Overall, the responses underscore the diverse nature of healthcare interactions, spanning negative to positive experiences.

Communication and Trust

Participants outlined various indicators of perceiving whether their doctor cares, ranging from comprehensive checkups and active listening to personalized gestures like addressing patients by name and avoiding a rushed demeanor. Feeling heard at the doctor’s office generated mixed responses, with some praising doctors who went the extra mile, while others described dismissive experiences, particularly regarding pregnancy or weight-related concerns. Trust and being heard involved building relationships, effective communication, and a sense of continuity. Participants valued doctors checking their well-being, making follow-up calls, and revisiting discussions. Trust was associated with shared understanding, confidence in reaching out, and post-visit notes documenting concerns. Overall, diverse perspectives on caring doctor-patient relationships emerged, shaped by communication, personalization, and attentiveness to patient concerns.



Medication Use

Participants expressed a proactive approach to discussing prescribed medications and prioritizing safety for themselves and their babies. While some engaged in discussions and took prescribed medication, others sought additional opinions if they felt necessary, often consulting family members. The decision-making process consistently prioritized the well-being of both the patient and the baby. Regarding medication research, attitudes varied. Some solely trusted the doctor's assurance, while others actively sought information online from sources like WebMD and Google. Overall, participants displayed diverse approaches, with some prioritizing professional guidance and others incorporating online resources into their decision-making.



Marijuana and Substance Use

Respondents expressed concerns about discussing substance use during pregnancy, acknowledging general advice against substances like marijuana and alcohol due to perceived risks to the baby's development. Some expressed uncertainty, citing differing opinions on the acceptability of substances like weed. Regional disparities in medical advice emerged, with one participant noting specific guidance on CBD gummies from a doctor in Arizona.



While the overall sentiment leaned towards recognizing the potential impact of substances on pregnancy, participants held accepting views on marijuana especially. Still, the majority agreed that a woman should inform her doctor if using marijuana while pregnant. Reasons included the importance of transparency for potential medication interactions or impacts on the baby's health. Open communication with healthcare professionals was favored, although some participants acknowledged it as a personal choice. Views on considering marijuana use during pregnancy and breastfeeding varied, with some expressing reservations due to concerns about the baby's development, while others considered it for symptom management.

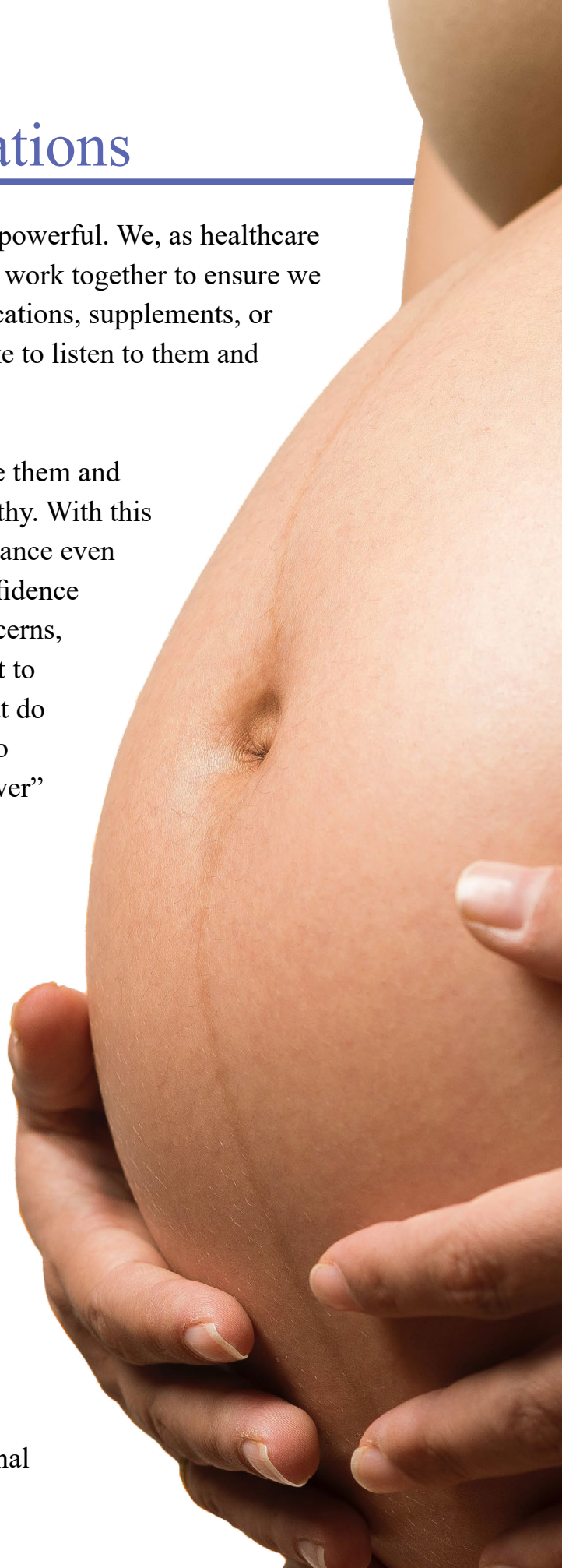
Insights & Recommendations

This information from the voices of patients is very powerful. We, as healthcare providers and supporters from the communities, can work together to ensure we are proactive and transparent when discussing medications, supplements, or other substances. Patients appreciate the time we take to listen to them and respect the expertise they bring to the relationship.

Overall, women listen to their OB providers to guide them and believe the recommendations from them as trustworthy. With this trust is a responsibility to offer information and guidance even when providers may not always feel the highest confidence levels. Women who struggle with mental health concerns, chronic medical conditions, and acute concerns want to discuss treatment options, including medications, but do not always follow advice. Sometimes, they choose to communicate what is perceived to be the “right answer” and then make their own decisions.

When medication therapy is important for short or long-term outcomes, less than one-third of respondents could explain what their prescription medication is used for. Dialogue is critical for the patient to understand and to be heard. Women also desire to know the risks, benefits of treatments, and alternative treatments in ways that are easy to understand. Even with safety assured, some people prefer not to take any medications.

Perhaps the most concerning information revealed is that more people feel that marijuana is safer in pregnancy than non-prescription or OTC medications. Marijuana use for recreation or medicinal



purposes to treat nausea or anxiety is common, despite the mounting body of literature that use is associated with developmental delays, NICU admissions, and low birth weight. Legalization of this substance in neighboring states has and will continue to increase usage. Providers have the responsibility to share the risks and benefits of marijuana usage. Drugs without warning labels may be perceived to be safer than those that have undergone significant research or shown to be safe over time.

To optimize maternal and fetal safety, providers are encouraged to:

- Take time to listen to patients.
- Respect how women plan to incorporate any medical treatment plan into their own lifestyle without bias or assumptions.
- Offer information and credible resources so patients can learn more.
- Ensure that women understand the reasons for and usage of any prescribed medications.

This report underscores the imperative for enhanced communication and targeted educational interventions to bridge the gap between healthcare providers and pregnant women, fostering a trusted partnership for maternal and fetal well-being. It is imperative that we build trusted provider-patient relationships in order to offer and support appropriate recommendations and guidance.



Appendix A - Survey Questions

ICAN Survey/Interview Questions for Women

You have been asked to participate in a pilot project survey, interview, or focus group for a community health needs assessment of women's needs related to prescription medication use during and after pregnancy. The results of this study will reveal what educational, intervention, or treatment needs women have related to prescription medication. A community report will be developed from the responses collected and shared throughout Allen County.

Several of the questions below ask you about your provider experience. A provider is any of the following for the purpose of this study: family physician, OBGYN, CNM, mental health professional, etc.

When asked about prescription medications, this refers to ANY medication you take regularly that has been prescribed by a physician. You cannot purchase it over the counter, unlike Tylenol, it must have been prescribed to you.

Please take your time in answering the following questions. Answer honestly and to the best of your ability.

Pre-survey questions to be filled out by professional completing survey/interview/focus group (*complete for each individual*).

1. Age of person being interviewed:
 - a. Under 18
 - b. 18-29
 - c. 30-45
 - d. 45 or over

2. Ethnicity of person being interviewed:
 - a. Asian
 - b. Black
 - c. Latino
 - d. Multiple ethnicities
 - e. Native American
 - f. White

3. Zip code of person being interviewed: (*open ended*)
4. What was your last grade in school?

Survey Questions to ask directly to participant/part of survey:

5. Do you feel comfortable asking your provider questions?
 - a. Yes - What makes you feel comfortable?
 - b. No - go to #6
6. Do you feel you have enough information about your health or diagnosis to know what questions to ask of your provider?
 - a. I do not know what questions to ask.
 - b. I don't have enough time to ask questions.
 - c. I don't feel like they care.
 - d. I am afraid to ask questions.
 - e. Other _____
7. Please check all that apply: (*check boxes below*)
 - a. I know what my prescription medications are.
 - b. I know why I am on these prescription medications.
 - c. I know how to take these prescription medications.
 - d. I take my prescription medications as directed.
 - e. I don't take my prescription medications.
 - f. I am not prescribed any medications.
8. How would you rate this statement:
"My provider answers my questions in a way that I can easily understand."
 - 1 = I strongly disagree
 - 2 = I disagree
 - 3 = I do not disagree nor agree
 - 4 = I agree
 - 5 = I strongly agree

9. Which medications do you feel are safe to use in pregnancy? (*check any that apply*)
- Alcohol
 - Anything prescribed by a doctor
 - Anything prescribed by an OB/Gyn or CNM
 - Marijuana
 - Most over-the-counter medications
 - Natural supplements
 - None
 - Other—open ended
10. Rank in importance how your provider(s) can show that they respect you?
(*Prioritize list*)
- They take time to listen.
 - They ask me questions.
 - They answer my questions.
 - They use words I understand without talking down to me.
 - They use my name correctly.
 - They look me in the eye.
 - They help me understand.
 - Other- explain.
11. During your pregnancy, did you stop taking any of your prescription medications without asking your doctor first?
- Yes - Go to 12
 - No - Go to 14
12. If you answered yes to the above question, why did you stop taking your prescription medications?
- I thought I should.
 - I didn't want anyone to know I was taking these meds.
 - I did not think I needed the meds at the time.
 - I cannot afford to get the meds.
 - Fear of hurting the baby.
 - I was confused.
 - Someone told me to stop. - Go to 13
 - Other: _____

13.If someone told you it was not safe to take prescription medications during your pregnancy, who? Check all that apply:

- a. Parents
- b. Grandparent
- c. Significant other
- d. Doctor
- e. Friend
- f. Other: _____

14.After pregnancy, did you continue taking your prescription medications?

- a. Yes
- b. No
- c. N/A - still pregnant

15.If you answered no, why did you not continue taking your prescription medications?
(Open ended)

Appendix B - Interview Guide

Thank you for being here today. Our group is trying to understand more about how women in our community prepare for pregnancy, especially their ideas on taking medications while pregnant. I'm going to start off by asking some general questions about going to the doctor, and then we will move to questions on education.

Question:	What we are trying to find out:
<p>When you go in for a checkup, there are a lot of people who you interact with – front desk, medical assistants, nurses, and doctors. Can you tell the difference between their professions? How do you know the doctor is the doctor?</p>	<p>Differentiate between different kinds of health professionals - RN, DO, PA, MD, etc.</p>
<p>What are important qualities that a doctor can have for you to think they are a good doctor?</p>	<p>Trying to understand if it's trust, niceness, my mom saw this doctor, etc. This is the doctor I could afford, etc.</p>
<p>Have you had an experience with a doctor where you didn't feel safe? (yes or no) Can you tell me about that experience and why you didn't feel safe?</p>	<p>Women report feeling their doctors don't care, yet they continue to listen to them. Tell me more about that? How can they be more effective? How can they show they care?</p>
<p>Have you had an experience with a doctor where you felt safe? (yes or no) Can you tell me about that experience and why you felt safe? What did the doctor say or do that made you feel safe?</p>	<p>Understand if the women feel like they have a safe environment and open communication with their health professional.</p>
<p>What do you need to feel to know if you can trust the doctor or that the doctor cares about you?</p>	<p>Women put absolute trust in doctors and think "anything prescribed by the OB/GYN" is safe. Explore relationship and trust side.</p>

How do you feel about the way your doctor communicates? When you go to the doctor, do you feel heard?	How are doctors communicating and what could make them easier to understand?
Tell me what it looks like to know you have been heard and have trust with your doctor.	If there is trust
If you don't trust your doctor, who do you trust at the doctor's office?	
In any of your pregnancies did you take medications?	
Did you take prescribed medication before you were pregnant?	
Did you take over the counter medications before you were pregnant?	
Did you tell your doctor at your first appointment that you were on any medications?	
Did you stop taking all medications while you were pregnant? Why or why not?	
In any of your pregnancies, have you taken medications that were prescribed by your doctor?	Reasons for stopping medication during pregnancy.
If your doctor prescribed something that you were concerned about taking for your safety or the safety of your baby, did you talk to the doctor or nurse about it? Did you take the medication?	Reasons for stopping medication during pregnancy.

<p>Did you do any research on the medication before you took it? What did that research look like (pharmacist, online, etc.)?</p>	<p>Medication safety - How women determine if the medication is safe and if they are going to take the medication.</p>
<p>Health professionals are encouraged to ask women about substance use while pregnant. Substances include things like alcohol, tobacco, marijuana, and any other street drugs. Is it ok with you if we explore this?</p>	<p>Marijuana is not safe during pregnancy.</p>
<p>What is your understanding of the impact of the substance use on you and your baby during pregnancy?</p>	
<p>Should a woman tell her doctor if she is using marijuana while pregnant?</p>	
<p>Is there any reason you would consider using marijuana while pregnant? Breastfeeding? Do side effects affect this? Where do you get your information that marijuana is safe during pregnancy? Are you asking your doctor about this (knowing there might not be a lot of trust)?</p>	<p>Help us understand why marijuana feels safe but Prozac doesn't.</p>
<p>We talked about a lot of topics today. Is there anything that I should have asked about taking medications and going to the doctor that I didn't ask?</p>	<p>Get any "last minute" random thoughts that members of the group might have.</p>

Acknowledgments

Special thanks to the following individuals who contributed to this effort:

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